Name in Full: Sarah Blair

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berry; County: Charles.

Date of death: Month: 7; Day: 1; 1904

Age: Years: 95; Months: ; Days:

Sex: Female. Color or Race: Colored. Birthplace: Charles County Md.

Occupation: — Where Residing if not at place of death: at home

~~Married, Single~~ or Widowed. Name of ~~Wife or~~ Husband: Blair

Father's Name: — Father's Birthplace: md.

Mother's Maiden Name: — Mother's Birthplace: Md.

Name of person giving Imformation: John Butler. How related to deceased: Grandson

66

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis. How long: a short while

Immediate: Exhaustion. How long: —

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: G. O. Monroe

Address: Waldorf, Maryland.

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Margaret J. Baybrin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Van Glymont; County: Charles

Date of death 1904: Month: July; Day: 10; Age: Years: 23; Months: 6; Days: 10

Sex: Female; Color or Race: White; Birthplace: Chas. Co

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Robert Baybrin

Father's Name: E. Hyland Brawner; Father's Birthplace: Chas. Co

Mother's Maiden Name: Margaret J. Wiles; Mother's Birthplace: Chas. Co

Name of person giving Information: Robt. Baybrin; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: 7 months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Ritchie

Address: Pomonkey Md.

Accident or Suicide? No

LIBRARY BUREAU A803-18

Name in Full: Mary Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cross Roads — County: Charles

Date of death: 1904 — Month: July — Day: 5th — Years: Age 60 — Months — Days

Sex: female — Color or Race — Birthplace: Charles Co Md

Occupation: mid wife — Where Residing if not at place of death

~~Married, Single or~~ Widowed — Name of Wife or Husband

Father's Name: Dont know — Father's Birthplace: / / /

Mother's Maiden Name: / / / / / — Mother's Birthplace: / / / /

Name of person giving Imformation: James Diggs — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 Years

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maxemillian Clements

Address: Dut Rigs [illegible]

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ray Brown

Died at (Town): Bel Alton

County: Charles

Date of death: 1904 Month: July Day: 18

Age: Years: Months: 8 Days:

Sex: Male

Color or Race: Colored

Birthplace: Bel Alton Chs Co

Occupation: none

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Brown

Father's Birthplace: Charles County

Mother's Maiden Name: Mary Barbour

Mother's Birthplace: Charles County

Name of person giving Information: Geo Brown

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough

How long: 3 weeks

Immediate: Strangulation

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Peter W. Roby Justice of the Peace

Address: Bel Alton

M.d.

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full: Elizabeth K. Buttons

CERTIFICATE OF DEATH

MARYLAND

Died at: not La Plata — Town

County: Charles

Date of death 1904: Month: July — Day: 10th — Age: Years: 24 — Months: — Days: —

Sex: female — Color or Race: white — Birthplace: Charles Co

Married, Single or Widowed: married — Occupation: —

Name of Wife or Husband: Jno S Button

Father's Name: Jno. W. albritain — Father's Birthplace: Chas Co

Mother's Maiden Name: ann D. Padgett — Mother's Birthplace: Charles Co

Name of person giving information: W. M. Albritain — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 8 months

Immediate: ~~Consumption~~ Cardiac Asthma — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Owens M.D.

Address: La Plata Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A66816

Name in Full — Certificate of Death

Lucile Butler

Died at — Town: Faulkner — County: Charles — MARYLAND

Date 1904 — Month: July — Day: 15 — Age: Y. 6 M. mo D. — Native of: Md. — Occupation:

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ ~~Wife~~ of

Father's Name: W Benjamin Butler — Mother's Name: Elizabeth A Butler

Cause of Death — Primary: 105 — How long sick: 2 days

Immediate: Tuberculosis Pulmonalis — ~~Accident, Suicide, Homicide~~

Reported by: C. H. Rose

Address: Faulkner, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Prescribed for
this child. ~~for~~
but not in
attendance

C. H. Posey M.D.

Name in Full: Walter Counter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waysides — County: Charles

Date of death 1904: Month: July — Day: 15th — Years: Age 27 — Months: — — Days: —

Sex: — Color or Race: — Birthplace: —

Married, Single or Widowed: — Occupation: Farm Hand

Name of Wife or Husband: — — — — —

Father's Name: Sam Counter — Father's Birthplace: Charles Co

Mother's Maiden Name: Matilda Counter — Mother's Birthplace: Charles Co

Name of person giving information: Ashton Counter — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long: 3 years

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W R Clark

Address: Newby Charles Co Md

Accident or Suicide?

Subscriber

LIBRARY BUREAU Adeste

Name in Full: Preston Reese DeLozier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pisgah — County: Charles

Date of death 1904: Month: 7 — Day: 27 — Age: Years: — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: S — Name of Wife or Husband:

Father's Name: J Thomas DeLozier — Father's Birthplace: Md

Mother's Maiden Name: Clara B Reese — Mother's Birthplace: Va

Name of person giving Information: Henry DeLozier — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: Asthenia & Cardiac Syncope — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jewel L. Harrison

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A6881B

Name in Full Eugene Gunn

CERTIFICATE OF DEATH

MARYLAND

Died at Waldorf Town — Charles County

Date of death 1904 July 17 — Age Years — Months — Days 1

Sex Female — Color or Race White — Birthplace Charles Co. Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Eugene Gunn — Father's Birthplace Md.

Mother's Maiden Name Eva Washington — Mother's Birthplace Md

Name of person giving Imformation Eugene Gunn — How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long —

Immediate Premature — How long —

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician G. D. Monroe

Address Waldorf Md.

Accident or Suicide?

LIBRARY BUREAU A80516

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Plains / County: Charles

Date of death: Month: July / Day: 22 / Year: 1904 — Age: Years: — / Months: — / Days: 11

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Joseph W. Gulridge — Father's Birthplace: Va

Mother's Maiden Name: L. R. Padgett — Mother's Birthplace: Md

Name of person giving information: Joseph W. Gulridge — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Malassimilation — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. O. Mumma

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU ABBS

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: White Plains — County: Charles

Date of death 1904 — Month: July — Day: 12 — Age — Years: — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Joseph D. Gulledge — Father's Birthplace: Va

Mother's Maiden Name: L. R. Padgett — Mother's Birthplace: Md

Name of person giving Information: Joseph D. Gulledge — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. — How long:

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. O. Mowry

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Nannie J Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pisgah — County: Charles

Date of death 1904: Month: July — Day: 27 — Age: Years: 49 — Months: 9 — Days: 25

Sex: Female — Color or Race: Colored — Birthplace: Chas. Co Md.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Dennis Hawkins

Father's Name: — Father's Birthplace: Chas. Co Md.

Mother's Maiden Name: — Mother's Birthplace: Chas. Co Md.

Name of person giving information: John Gray — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Ulceration Phthisis — How long: Two years

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Whitehead M.D.

Address: Pomonkey Md.

Accident or Suicide? No

LIBRARY BUREAU ARBRIS

Name in Full: Mary A Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pisgah; County: Charles

Date of death: Month: 7; Day: 2nd; 1904

Age: Years: 43; Months: —; Days: —

Sex: Female

Color or Race: Colloid

Birthplace: Md.

Occupation: House Keeping

Where Residing if not at place of death: at Home

Married, Single or Widowed: Married

Name of ~~W (if or~~ Husband: Joseph Jackson

Father's Name: Jake Johnson

Father's Birthplace: Md.

Mother's Maiden Name: Maria Jackson

Mother's Birthplace: Md.

Name of person giving Information: Joseph Jackson

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: died of Natural causes

How long: 3

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Y D

Signature of Physician: non in attendance

Address: Pisgah Md.

L D Carpenter

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Phil. Key

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Home near La Plata — County: Charles

Date of death: Month: July — Day: 4. — Years: Age 51. — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Charles co md

Occupation: Farmer + carpenter — Where Residing if not at place of death: Charles co md

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Key

Father's Name: Philip Key — Father's Birthplace: Charles co md

Mother's Maiden Name: Harriet Thomas — Mother's Birthplace: Charles co md

Name of person giving Information: P. W. Hawkins — How related to deceased: "

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: about 2 Yrs

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: P. W. Hawkins M.D.

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Lucas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bryantown; County: Charles

Date of death 1904: Month: July; Day: 30

Age: Years: —; Months: —; Days: 9

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: W. E. Lucas; Father's Birthplace: Md

Mother's Maiden Name: T. E. Bridgett; Mother's Birthplace: Md

Name of person giving In formation: W. E. Lucas; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth; How long: —

Immediate: Marasmus; How long: 6 da.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Chappelear

Address: Hughesville Md

Accident or Suicide? —

LIBRARY BUREAU A3851e

Name in Full: Jerome Mackall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gallant Green — County: Charles

Date of death 1904 — Month: 7 — Day: 29 — Age — Years: 1 — Months: — — Days: 6

Sex: Male — Color or Race: Colored — Birthplace: Gallant Green

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Calvin Mackall — Father's Birthplace: Gallant Green

Mother's Maiden Name: Matilda Edelin — Mother's Birthplace: " "

Name of person giving information: Calvin Mackall — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: One week

Immediate: Same — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Morton Bowie

Address: Aquasco Md

Accident or Suicide? No

LIBRARY BUREAU 48818

Name in Full: John Edward Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Waldorf — County: Charles

Date of death 1904: Month: July — Day: 16 — Age: Years: One year — Months: — — Days: 14

Sex: Male — Color or Race: Colored — Birthplace: Charles County

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Malvin Marshall — Father's Birthplace: Charles County

Mother's Maiden Name: Harriet Colbert — Mother's Birthplace: Charles Co.

Name of person giving Imformation: Hannah Marshall — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heat + Teething — How long: Short while

Immediate: Acute Indigestion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. O. Monroe,

Address: Waldorf, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James A. Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Tobacco; County: Charles

Date of death: Month: July; Day: 29; 1904

Age: Years: 65; Months: ; Days:

Sex: Male

Color or Race: African + Mix

Birthplace: Charles Co.

Occupation: Barber

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

Name of Wife or Husband:

Father's Name: James Hilstead

Father's Birthplace: Chas. Co.

Mother's Maiden Name: Rebecca A. Mason

Mother's Birthplace: Chas Co.

Name of person giving Information: Buster Swann

How related to deceased: Son

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease (Interstit. Nephr.)

How long: 2 Years

Immediate: Ret. Conjunction (and) Uremia

How long: 6 months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Jenners

Address: Bel Alton Chas Co Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Jamie Lucas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Tobacco — County: Charles

Date of death 1904: Month: July — Day: 20 — Age: Years: 20 — Months: 7 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Chas. Co

Married, Single or Widowed: Single — Occupation: Home maid

Name of Wife or Husband: None

Father's Name: Sandy Lucas — Father's Birthplace: Chas Co

Mother's Maiden Name: Belle Gray — Mother's Birthplace: Chas. Co

Name of person giving In formation: Raymond Swann — How related to deceased: Not Related

106

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastro-Enteritis — How long: 1 Week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Underwood M.D.

Address: Pomonkey Md.

Accident or Suicide? No

LIBRARY BUREAU A88810

Name in Full: Arreda Ross

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Nanjemoy — County: Charles

Date of death 1904 — Month: July — Day: 28 — Age: Years / Months: 4 / Days:

Sex: Female — Color or Race: B — Birthplace: Charles

Occupation — Where Residing if not at place of death: Nanjemoy

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Dont Know — Father's Birthplace

Mother's Maiden Name: Effie Ross — Mother's Birthplace: Charles

Name of person giving Imformation: Joseph Ross — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed Cholera Infantum — How long: 5 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Raymund Hall Lemuth

Address: Port Reyst

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Henry Rye

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Newport — County: Chas

Date of death 1904: Month: July — Day: 11 — Age: Years: — Months: — Days: 5 —

Sex: Male — Color or Race: Colored — Birthplace: Newport

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband:

Father's Name: Henry Rye — Father's Birthplace: Charles

Mother's Maiden Name: Maggie Jackson — Mother's Birthplace: Charles

Name of person giving In formation: Lizzie Simms — How related to deceased: None

Not Known

CAUSES OF DEATH

Primary — How long: 0 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Address

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A80516

Name in Full: Clarance Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chaskamuxen; County: Charles

Date of death: 1904; Month: July; Day: 28; Age: Years: ; Months: 4; Days:

Sex: Male; Color or Race: B; Birthplace: Charles Co Md

Occupation:

Where Residing if not at place of death: Chickamuxen

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Philip Simmons; Father's Birthplace: Charles Co Md

Mother's Maiden Name: France Dorsey; Mother's Birthplace: " " "

Name of person giving Imformation: Philip Simmons; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed Cholera Infantum; How long: 4 Months

Immediate:

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician: Maximillian Clements

Address: Asst Regt

LIBRARY BUREAU A66516

Name in Full: Margaret C. Simpson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dentsville; County: Charles

Date of death 1904: Month: July; Day: 30; Age: Years: 1; Months: 3; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: Wm A Simpson; Father's Birthplace: Md

Mother's Maiden Name: Ida Moran; Mother's Birthplace: Md

Name of person giving In formation: Wm A. Simpson; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis. ✓; How long: 5 da

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. C. Chappell M.D.

Address: Leonardtown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Nellie Simpson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: near Don Caster — County: Charles

Date of death: Month: July — Day: 28 — 1904

Age: Years: 34 — Months — Days

Sex: Female — Color or Race: B — Birthplace: Charles Co Md

Occupation: House Wife — Where Residing if not at place of death: near Don Caster

Married, ~~Single or Widowed~~ — Name of ~~Wife or~~ Husband: Henry Simpson

Father's Name: Baily Jackson — Father's Birthplace: Charles Co Md

Mother's Maiden Name: Lutrecia Jackson — Mother's Birthplace: " " "

Name of person giving Imformation: Henry Simpson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Benj Smith

Address: Don Caster Charles Co Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: William Jos. Simms

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Town — County: Charles

Date of death: Month: July — Day: 6 — 1904 — Age: Years: 43 — Months: — Days: —

Sex: Male — Color or Race: African — Birthplace: Charles Co.

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~: Widower — Name of Wife or ~~Husband~~:

Father's Name: Chas H. Simms — Father's Birthplace: Chas Co

Mother's Maiden Name: Nancy Adams — Mother's Birthplace: Chas Co

Name of person giving information: Isaac Simms — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Spinal Cer. Laryng. Tuberculosis — How long: 18 months

Immediate: Toxemia — How long: 5 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Spencer M.D.

Address: Box Allen Charles Co Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mildred E ~~Wash~~ Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Newburg — County: Charles

Date of death 190 4 — Month: 7 — Day: 24

Age — Years — Months: 7 — Days

Sex: Fem

Color or Race: White

Birthplace

~~Married~~, Single or ~~Widowed~~

Occupation

~~Name of Wife or~~ Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

105

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F L Hindon

Address: Bryantown Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Revel Warrick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: W[illegible] — County: Charles

Date of death 1904: Month: July — Day: 29

Age: Years: 30 — Months: — — Days: —

Sex:

Color or Race:

Birthplace: Charles Co

Married, Single or ~~Widowed~~:

Occupation: Farm Hand

Name of Wife or Husband: Ida Warrick

Father's Name: George Warrick

Father's Birthplace: Charles Co Md

Mother's Maiden Name: Ida Barnes

Mother's Birthplace: " "

Name of person giving information: Wm Clark

How related to deceased: 66

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflamation of Kidneys

How long: Caused by below

Immediate:

How long: three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A A Smoot

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph Young

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bel Alton — County: Charles

Date of death: 1904 — Month: July — Day: 8 — Age: Years — Months — Days: 20

Sex: Male — Color or Race: Colored — Birthplace: Charles Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Henry Young — Father's Birthplace: Charles Co.

Mother's Maiden Name: Nancy Dobbins — Mother's Birthplace: " "

Name of person giving Information: Henry Young — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consp — How long: 10 days

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Peter W. Roby act Coroner

Address: Bel Alton Md

Accident or Suicide?

LIBRARY BUREAU A8861G